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by Ashley Dixon, MPH

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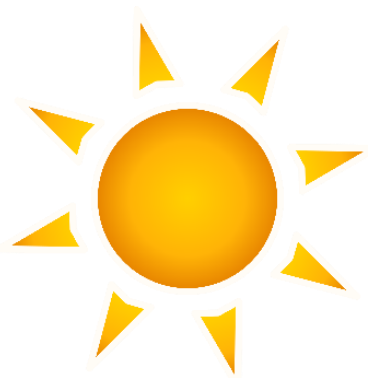
This past Fall, the Texas Cancer Registry (TCR) completed its annual calls for data, submitting 2,083,875 Texas resident cancer cases diagnosed from 1995-2015 to the Centers for Disease Control and Prevention (CDC) and the North American Association of Central Cancer Registries (NAACCR). We anticipate once again achieving NAACCR Gold Certification and being recognized as a Registry of Distinction by the CDC. Official evaluation results from both organizations should be available this summer. See the Completeness by Region graphic on page 2 for estimated completeness at the time of data submission.

This important work would not be possible without the hard work and dedication of our Texas Cancer Reporters. The TCR thanks you for your contributions to cancer prevention and control, to the lives of cancer patients and their families, and to the health of all Texans! 

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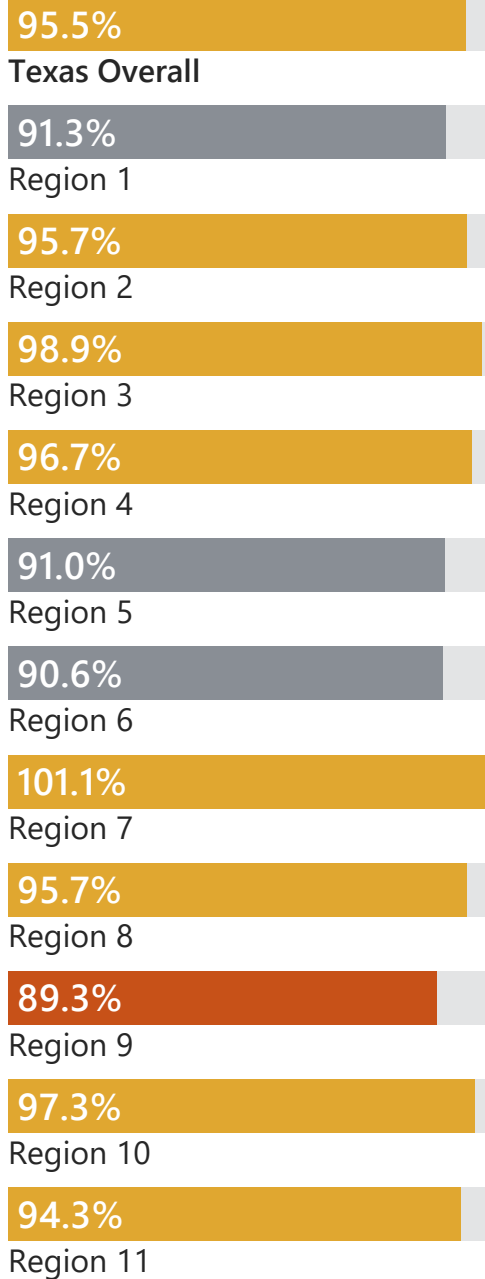


MAY IS
SKIN CANCER
AWARENESS MONTH

COMPLETENESS BY REGION

Diagnosis Year 2015

As of Nov. 30, 2017 (certification submission)



Epidemiology Corner

by Paige Miller-Gianturco, PhD, MPH, RD

Liver Cancer in Texas

Texas has the second highest liver cancer incidence rate and third highest liver cancer mortality rate among all states in the U.S.¹ Liver cancer, including intrahepatic bile duct cancer, is the 12th leading incident cancer and the 6th leading cause of cancer death in Texas.² The TCR estimates that 3,714 Texans will be diagnosed with liver cancer and 2,532 Texans will die from liver cancer in 2018.

While most other cancers have experienced declines in incidence and mortality rates in Texas, liver cancer rates continue to rise. The rate of new liver cancer cases in Texas has increased by an average of 4.3% per year, from 5.3 cases per 100,000 people in 1995 to 11.6 cases per 100,000 in 2015. During this same period, mortality rates have increased by an average of 2.0% per year from 5.9 to 8.1 deaths per 100,000 people.

There is substantial disparity in liver cancer rates by sex and race/ethnicity in Texas. Men have a nearly 3-times higher incidence rate than women (17.1 vs. 6.2 per 100,000). Mortality rates in men are also higher compared to women (11.8 vs. 4.8 per 100,000). Among men and women combined, liver cancer incidence is more than twice as high in Hispanics (17.6 per 100,000) compared to non-Hispanic whites (8.4 per 100,000). Non-Hispanic Asian/Pacific Islanders and non-Hispanic blacks also experience elevated incidence rates (14.3 per 100,000 and 14.0 per 100,000, respectively) compared to non-Hispanic whites.

Liver cancer has one of the lowest 5-year relative survival rates among all cancers in Texas. This statistic represents the percentage of cancer patients who have survived for five years after diagnosis compared to people without cancer. For Texans diagnosed with localized liver cancer, the 5-year relative survival rate is 26%. If cancer has spread to surrounding tissues or organs and/or regional lymph nodes (regional liver cancer), the 5-year relative survival rate is 11%. If liver cancer has spread to distant organs or tissues, the 5-year relative survival rate is 4%.

The majority (78%) of primary liver cancers diagnosed in Texas are hepatocellular carcinoma (HCC). Major risk factors for HCC in the U.S.




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Epidemiology Corner

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include chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infection, fatty liver disease, heavy alcohol use, smoking, overweight/obesity, and diabetes.^{3,4} Many of these risk factors are modifiable, thus emphasizing the importance of preventive strategies such as hepatitis B vaccination (available since 1982), avoiding tobacco use and excessive alcohol consumption, maintaining a healthy body weight, diabetes prevention, and if at risk, screening for HBV or HCV.⁴ The Centers for Disease Control and Prevention (CDC) recommends that everyone born between 1945 and 1965 be tested for HCV, as HCV infection was most common during the 1960s through the 1980s before the virus was discovered and preventive measures were in place.^{4,5}

Liver cancer incidence and mortality rates are on the rise in Texas, and these rates are highest among Hispanics. Cancer registries play a vital role in collecting, maintaining, and disseminating high quality cancer data to allow for monitoring trends over time, identifying cancer patterns, and advancing clinical, epidemiologic, and health services research designed to help reduce the burden of liver cancer. 

References:

- ¹ State Cancer Profiles. National Cancer Institute and Centers for Disease Control and Prevention. Accessed Feb 22, 2018. <https://statecancerprofiles.cancer.gov/>.
- ² Texas Cancer Registry (www.dshs.texas.gov/tcr) SEER*Stat Database, 1995-2015 Incidence, Texas statewide, created December 2017.
- ³ Liver Cancer. American Cancer Society. Accessed Feb. 23, 2018. <https://www.cancer.org/cancer/liver-cancer.html>.
- ⁴ Ryerson AB, Ehemann CR, et al. Annual Report to the Nation on the Status of Cancer, 1975-2012, featuring the increasing incidence of liver cancer. *Cancer* 2016; 122(9):1312-37.
- ⁵ Viral Hepatitis. People Born 1945-1965 (Baby Boomers). Centers for Disease Control and Prevention. Accessed Feb. 22, 2018. <https://www.cdc.gov/hepatitis/index.htm>

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Updates to the TCR Web Query Tool

by Paige Miller-Gianturco, PhD, MPH, RD

The Web Query Tool has been updated to include data from 1995 through 2015: www.cancer-rates.info/tx/

The Web Query Tool can be utilized to obtain Texas cancer incidence or mortality data at the state, region, county, Council of Government, Metro Statistical Area, or Micro Statistical Area level. Rates and counts can be investigated by sex, cancer site, race/ethnicity, and year of diagnosis. In addition, rates/counts can be examined by early vs. late stage for breast, colorectal, and cervical cancer for all years.

The Web Query Tool, as well as other statistical data tables and reports are available on the 'Statistics and Research Data' section of the TCR website: <https://www.dshs.texas.gov/tcr/data.aspx> 

Training Corner

by Marianna Wicks, MPH, CTR and Beatriz Gutierrez, MPH, CTR

Greetings, Texas Cancer Reporters! Many changes are coming! The Training Group here at the TCR is planning to attend the annual National Cancer Registrars Association (NCRA) conference in New Orleans this month to bring you the most current information and updates on all the pending changes. We are keeping a close watch on standard setter announcements to keep you in the loop.

Upcoming Trainings and Webinars

2018 Statewide Training

Registration for the 2018 Statewide training is now open. Spots are filling up quickly, so please visit our website to learn more and register:

www.dshs.texas.gov/tcr/training/schedule.aspx

| 2018 Statewide Training Dates and Locations | |
|---|-------------|
| June 14-15 | Austin |
| June 18-19 | Lubbock |
| June 21-22 | El Paso |
| June 26-27 | Arlington |
| June 28-29 | Arlington |
| July 9-10 | Houston |
| July 11-12 | Houston |
| July 16-17 | Tyler |
| July 23-24 | San Antonio |
| July 26-27 | McAllen |

NAACCR Webinar Series

The 2017-2018 NAACCR Webinar Series began in October 2017 and continues through September 2018. The TCR broadcasts these webinars in multiple locations throughout Texas free of charge for your benefit and continuing education

requirements. Please visit our website to access the host site list, materials, and dates of upcoming webinars:

www.dshs.texas.gov/tcr/training/webinars.aspx.

Changes for Cases Diagnosed in 2018

The NAACCR 2018 Implementation webpage is your go-to source for information concerning new data items, edits, rules for determining multiple primaries and histologies, updates to histology codes, and educational activities—

<https://www.naacr.org/2018-implementation/>

AJCC 8th Edition Cancer Staging

AJCC 8th Edition will be used beginning with cases diagnosed 1/1/2018. Visit the [AJCC website](#) to view education and training opportunities, staging rules and errata and to purchase the AJCC 8th Edition Cancer Staging Manual. The [AJCC Cancer Staging Form Supplement](#) and the [AJCC Histology and Topography Code Supplement](#) are also available on the AJCC website.

Summary Stage 2018

Beginning with cases diagnosed in 2018, registrars will assign (or derive) summary stage based on Summary Stage 2018. This is the first update to the Summary Stage system since 2001. The Summary Stage 2018 Manual is now available on the SEER website: <https://seer.cancer.gov/tools/ssm/>

Extent of Disease (EOD) consists of three data items that can be used to calculate a stage group and Summary Stage 2018. The three data items are EOD Primary Tumor, EOD Lymph Nodes and EOD Mets. Please note that the TCR is not requiring EOD data items for 2018 cases. Additional information can be found at:

<https://seer.cancer.gov/tools/staging/>

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Training Corner

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Site-Specific Data Items (SSDI)

Collaborative Stage (CS) Site Specific Factors (SSF) are discontinued and SSDIs will be used for collection of site specific information. SSDIs have unique names and NAACCR data item numbers and can be applied to as many sites as needed.

All drafts, codes, and coding instructions for SSDIs including Grade can be found on the new NAACCR Site Specific Data Items website:

<https://apps.naacr.org/ssdi/list/>

Grade Coding

Grade information is now collected in three fields: Clinical Grade, Pathological Grade, and Post-Therapy Grade. Within the [Grade Manual](#) you will find definitions for the three new grade data items, coding instructions, and the site/histology specific grade tables.

ICD-O-3 Histology Revisions

The Implementation Task Force has approved new codes, changes in behavior codes, and new terms associated with current codes. These changes reflect updates to the WHO Classifications for Tumors (Blue Books). Links to the coding guidelines, and various formats of the coding tables are available on the NAACCR website:

www.naacr.org/2018-implementation/#Histology

Please check the 2018 ICD-O-3 Update first to determine if the histology is listed. If the histology is not included in the update, then review the ICD-O-3 and/or Hematopoietic and Lymphoid Database and/or Solid Tumor (MP/H) rules.

2018 Solid Tumor Rules (Formerly MP/H)

The NCI SEER Program Solid Tumor Task Force is posting draft versions of the 2018 Solid Tumor Coding Rules so that registrars may assess the revised rules prior to posting the final rules. Solid

Tumor site rules will be marked as "Draft" until they are finalized. Please see the SEER website for more:

<https://seer.cancer.gov/tools/solidtumor/>

Coding Tips

Use of cN0 for Endometrial Carcinoma of the Endometrium

Bringing cN0 to pN based on statements in the AJCC manual 7th and 8th editions: "The therapeutic effect of nodal dissection has not been demonstrated in two randomized controlled clinical trials (ASTECC, CONSORT); however routine nodal dissections increased the frequency of which patients with node involved disease were identified" (AJCCC, 7th pg. 405, AJCC 8th ed. pg. 665). When there are insufficient surgical-pathologic findings, the clinical cT,cN,cM categories should be used on the basis of clinical evaluation. Read the instructions for endometrial carcinoma of the endometrium in the AJCC 8th edition Manual starting on page 661.

Differences between Micrometastasis (N1a) and Macrometastasis (N1b)

- Micrometastasis and macrometastasis only influence pN
- Micrometastasis indicates that clinically there was no indication of lymph node metastasis (cN0). However, when a lymph node was surgically removed, metastasis was identified.
 - This could be identified in a sentinel lymph node biopsy.
 - A sentinel lymph node biopsy is always part of the pN.
- Macrometastasis indicates that lymph node metastasis was identified clinically and was verified pathologically in at least one lymph node.

Polyp Removal During Colonoscopy

When the cancer is confined to the polyp:

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Training Corner

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- Incomplete resection should be: **cTNM**
- Complete resection of polyp, treatment: **pTNM**

Polyp removals are not dependent on margins, but on purpose/intent of resection. Please see:

<http://cancerbulletin.facs.org/forums/node/69606>

Melanoma Biopsies

- If biopsy is done and it removes all visible tumor, it is a surgical procedure (NAACCR item #1290).
- If a biopsy does not remove all visible tumor (only a sample), code it as a diagnostic staging procedure (NAACCR item #1350).

Dysplasia and metaplasia

Most of the problematic terms include the words "high grade neoplasia" or "high grade dysplasia" or "severe dysplasia" in digestive system sites. These dysplasia terms are not included in most states' reporting legislation. The implications of accepting these terms as reportable are being carefully studied as they may affect not only reporting legislation, but also workload in case ascertainment (casefinding), abstracting, follow-up (as applicable) and incidence reporting.

Did you know?

Richter's transformation: Richter's syndrome (RS), also known as Richter's transformation, is a transformation which occurs in about 5-10% of B cell chronic lymphocytic leukemia (CLL) and hairy cell leukemia into a fast-growing diffuse large B cell lymphoma (DLBCL), a variety of non-Hodgkin lymphoma which is refractory to treatment and carries a poor prognosis.

HPV p16: The p16ink4a protein was identified as a low molecular weight protein bound to cyclin dependent kinase 4 and 6 (CDK4 and CDK6). Loss of this tumor suppressor contributes to the bypass

of critical senescent signals and is associated with progression to malignant disease. However, the high-level expression of p16ink4a in tumors is associated with aggressive subtypes of disease, and in certain clinical settings elevated p16ink4a expression is an important determinant for disease prognosis and therapeutic response (Agnieszka et al., 2011).

Staging for oropharyngeal cancers changed in the AJCC 8th edition. Chapter 10 is now for p16+ tumors, while Chapter 11 is for p16- negative tumors or where the p16 is not assessed or unknown. A schema discriminator is necessary to determine the p16 status so that the appropriate chapter/schema is used.

The estimated annual average number of oropharyngeal cancers due to HPV is estimated to be approximately 740 out of 1055 cases in both sexes (Bandhaya, 2017).

References:

AJCC Cancer Staging Manual (8th ed.). Spring; 2017.

AJCC Cancer Staging Manual (7th ed.). Springer; 2010.

Bandhaya, N. HPV in Texas, Texas Cancer Reporting News (XIX, No.1); 2017. Retrieved from: www.dshs.texas.gov/tcr/publications/newsletter.aspx

Witkiewicz AK, et al. The meaning of p16^{ink4a} expression in tumors. *Cell Cycle*, 2011; 10(15), 2497-2503, DOI: [10.4161/cc.10.15.16776](https://doi.org/10.4161/cc.10.15.16776)

Training Requests

For training requests, please visit: www.dshs.texas.gov/tcr/Training-Request.aspx.

TCR is your resource! 

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Updates to Statistical Tables & Publications

by Paige Miller-Gianturco, PhD, MPH, RD

Each year, the TCR Epidemiology Group generates statistical tables and publications that include the most recent complete year of cancer data. As it requires approximately 2 years after the close of a calendar year to collect, quality control, consolidate, and produce analysis files for $\geq 95\%$ of the cases in a given year, the TCR is currently analyzing and creating data products to include diagnosis year tables that are produced annually, the TCR is also conducting new data analyses and creating new data products, including a number of web reports focused on modifiable risk factor-associated cancers. One of TCR's Epidemiologists, Ashley Dixon, MPH, who joined the Epidemiology Team in October 2017, has played a significant role in improving and expanding TCR's data sharing and dissemination via the website.

Currently available data products and tools are listed below and can be found on the TCR website, under the *Statistics and Research Data* section:


<https://www.dshs.texas.gov/tcr/data.aspx>

- Web Query Tool Incidence/Mortality data for 1995-2015: <https://www.cancer-rates.info/tx/>

- [2018 Expected Cancer Cases and Deaths](#)
- [Cancer Incidence and Mortality in Texas](#)
- [Estimated Cancer Prevalence](#)
- [Limited-Use Incidence Files](#)
- [TCR Data Dictionary](#)
- [Childhood and Adolescent Cancer](#)
- [Adolescent and Young Adult \(AYA\) Cancer](#)
- [Cause-Specific Cancer Survival](#)
- [Relative Cancer Survival Statistical Tables](#)
- [Overweight/Obesity-Associated Cancers](#)

The following additional data products will be available in the coming months:

- HPV-Associated Cancers Web Report
- Tobacco-Associated Cancers Web Report
- Alcohol-Associated Cancers Web Report
- Cancer Health Disparities Web Report
- Cancer in Texas Comprehensive Report

Please contact CancerData@dshs.texas.gov with any cancer data questions or requests. 

New TCR Employees

by Ashley Dixon, MPH

Please join us in welcoming the following staff who recently joined the TCR.

Erin Gardener, MPH joined the Epidemiology group in October 2017 as an Epidemiologist. Erin has an MPH in Epidemiology from Tulane University School of Public Health and Tropical Medicine and a BA in Biology from UT Austin. She previously worked in the Center for Analytics and

Data Support at HHSC, where she managed and analyzed complex Medicaid datasets, among other projects. She has also worked as an Epidemiologist II in the Immunizations Unit in DSHS, where she planned, developed, initiated, and directed advanced epidemiological studies and surveys.

Rebecca Sardell, PhD also joined the Epidemiology group in October 2017, as a Research Specialist. Rebecca earned a PhD from the University of Aberdeen (UK) in Evolutionary Biology, a Master's Degree in Ecology and Environmental Management from the University of

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New TCR Employees

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York (UK), and a BA in Biological Sciences from the University of Oxford (UK). She also completed a postdoctoral fellowship in genetic epidemiology at the University of Miami. Rebecca has been involved in various types of research studies and projects, ranging from evolutionary biology research in Panama to genome-wide association studies, and has significant experience with data collection, data management, statistical analysis, and report/publication writing.


Michael Wu, MPH started in December 2017 as a Research Specialist in the TCR Epidemiology Group. Michael has five years of experience working as an Epidemiologist for DSHS, initially as part of the Communicable Disease Program in San Antonio, and most recently in the TB/HIV/STD Epidemiology and Supplemental Projects Group in Austin. Michael earned an MPH in Epidemiology from the University of Michigan and a BS in Molecular Genetics from Ohio State University. Michael has experience with data management and analysis in SAS, as well as experience developing Tableau workbooks for data visualizations.

Veronica Torres, BS joined the Quality Assurance Group as a Program Specialist in April 2018. Veronica has over 5 years of experience in professional medical settings including University Medical Center at Brackenridge and the University Health System in San Antonio. She is CTR eligible and earned her BS from the University of Texas San Antonio.

Nerissa Andrews, BS started in April 2018 as a Program Specialist in the Quality Assurance Group. Nerissa comes to us from DADS. She sat and passed the Certified Billing and Coding exam in 2006 and earned her BS degree from Western Governors University in Austin, Texas. Nerissa is CTR eligible.

Katie Dahlquist, MEd started in April 2018 as the new Information Specialist in the Epidemiology Group. Katie has 17 years of experience working at the American Cancer Society (ACS), holding many positions, including a Cancer Information Specialist, an Information Coordinator, a Clinical Trials Specialist, a Mission Delivery Team Supervisor, and a Manager of Hospital Systems. She has significant experience communicating complex information related to cancer prevention, screening, detection, and treatment to different audiences. Katie earned a Bachelor of Arts in History and Russian Language and Master of Education in Secondary Education and Social Studies.

Katrei Burks, BA started in May 2018 in the Northeast Registry Operations Group's Arlington office as a Public Health and Prevention Specialist. Katrei has a Bachelor of Arts and Science degree in Health Studies from Texas Woman's University in Denton, Texas. She also has studied Nursing, Sports Medicine, and taken the required Human Anatomy and Physiology and Medical Terminology courses. Katrei most recently worked for HHSC in Fort Worth where she had six years of experience in data collection, handling HIPAA sensitive information and confidentiality regulations for clients. She also has experience as a Health Educator/Public Health Worker promoting healthy lifestyles and educating the public about health issues on nutrition and wellness.

Sedope Kunutsor, MPH, CTR joined the Southwest Registry Operations Group in May 2018 as a Public Health and Prevention Specialist. Sedope is a Certified Tumor Registrar, and has over 10 years of experience as a cancer registry manager at various hospitals throughout the country. Some of the hospitals where he has worked include Mount Sinai Hospital in Chicago, Florida Hospital Memorial Medical Center and Mission Hospitals in North Carolina. He earned a Master of Public Health in Epidemiology and a Bachelors in Agricultural and Animal Science. 

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The mission of the Texas Cancer Registry is to collect, maintain, and disseminate high quality cancer data that contribute towards cancer prevention and control, research, improving diagnoses, treatment, survival, and quality of life for all cancer patients.

Recognition of TCR Funding Sources

Maintaining a statewide cancer registry that meets Centers for Disease Control and Prevention (CDC) high quality data standards and North American Association of Central Cancer Registries (NAACCR) gold certification is accomplished through collaborative funding efforts.

The Texas Cancer Registry recognizes the following whose financial support is essential to accomplishing the Texas Cancer Registry mission for our State, and as the 4th largest cancer registry in the Nation.

Federal Grant Funding

We acknowledge the CDC for its financial support under Cooperative Agreement #1NU58DP006308.

State Agency Funding

- Texas Department of State Health Services
- Texas Health and Human Services Commission
- Cancer Prevention and Research Institute of Texas

Questions regarding information found in this newsletter, or suggestions for future issues can be emailed to Katie Dahlquist at katie.dahlquist@dshs.texas.gov.

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